

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037237

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 135

FILED OCT 8 1963

VS 300
Rev. 4/59

1 0890

2 0130

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Ray | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Caldwell | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Jasper | | c. CITY OR TOWN Cowgill | |
| Length of stay in 1b 5 hours | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Hospital | | d. STREET ADDRESS (If outside, give location) 1 mile north | |
| 3. NAME OF DECEASED (Type or print) First Middle Last John Evan Stephens | | 4. DATE OF DEATH Month Day Year 9 23 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-31-1882 |
| 9. AGE (last birthday) 81 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer ret | | 10b. KIND OF BUSINESS OR INDUSTRY self | |
| 11. BIRTHPLACE (City and state or country) Cowgill, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Evan Stephens | | 13b. MOTHER'S MAIDEN NAME Jane Stephens | |
| 14. NAME OF HUSBAND OR WIFE Verna p. Stephens | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mrs. Verna P. Stephens, Cowgill, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH 8 h. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 9-22-63 to 9-23-63 and last saw him alive on 9-22-63 Death occurred at 4:10 a m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) J. A. Crozier, M.D. | |
| 22b. ADDRESS Richmond, Mo. | | 22c. DATE SIGNED 9-25-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 9-25-1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery | | 23d. LOCATION (City, town, or county) Cowgill, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home, Kingston, Mo | | 25. DATE RECD. BY LOCAL REG. 10-1-1963 | |
| 26. REGISTRAR'S SIGNATURE Malal Jackson | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

11-100-707

OCT 14 1963

SEP 9 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Cramer Clark

Licensed Embalmer No.

3257

P. O. Address

Kingston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.